Irish transgender voices on mental health and mental health care

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Abstract

Purpose – *People who identify as transgender face stigma, isolation and harassment while often struggling to come to terms with their gender identity. They also disproportionately experience mental health difficulties. The purpose of this paper is to present the voices of transgender people in the Republic of Ireland (RoI) in regard to the issues they are facing, improvements they would like to see made to schools, workplaces, services and society in general and whether mental health supports fulfil their needs.*

Design/methodology/approach – *Ten open questions were embedded within a quantitative online survey (LGBTIreland study) on factors impacting social inclusion, mental health and care. These open questions were re-analysed with exclusive focus on the transgender participants (*n *= 279) using content/thematic analysis.*

Findings – *The participants in this study reported significant signs of mental distress. The following themes emerged: impact of stigma, deficiencies in mental health services, need for education on transgender identity, importance of peer support, achieving self-acceptance and societal inclusion questioned.*

Research limitations/implications – *Efforts to recruit young participants have led to a possible over-representation in this study.*

Practical implications – *The findings suggest the need for improvement in mental health support services, including further education in how to meet the needs of transgender individuals.*

Social implications – *Transgender people in Ireland experience social exclusion. The need for more inclusivity was emphasised most in secondary schools. Education on transgender identities in all contexts of society is recommended by the participants.*

Originality/value – *This study reports on the largest group of transgender participants to date in RoI. Their voices will affect perceptions on social inclusion and mental health care.*

Keywords *Republic of Ireland, Transgender, Mental health care, LGBTQI+, Minority stress, Transgender mental health*

Paper type *Research paper*

(Information about the authors can be found at the end of this article.)

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Authorship confirmation/contribution statement: All authors were involved in the design and data analysis of this study. Specific contributions are as follows: Conceptualization: all, data curation: CD and AH, formal analysis: JdV, CD, AH and RM, funding acquisition: all, investigation: CD, RM and AH, methodology: all, project administration: CD, RM and AH, supervision: AH, visualization: CD, writing – original draft: JdV, CD and AH and writing – review and editing: all.

The authors acknowledge the time given and effort expended by all participants in the study.

Author disclosure statement: None of the authors has a conflict of interest.

Funding information: The study was funded by the Irish Health Service Executive National Office for Suicide Prevention and commissioned by Gay and Lesbian Equality Network and BeLonGTo Youth Services.

Introduction

People who identify as transgender are routinely exposed to discrimination, bullying, harassment, stigma and isolation, often summarised as minority stress (Meyer, 2003). This has led to elevated rates of mental health problems among this group, also in the Republic of Ireland (RoI) (Mayock *et al.*, 2009; McNeil *et al.*, 2013; Judge *et al.*, 2014; Higgins *et al.*, 2016; de Vries *et al.*, 2022). While research internationally has demonstrated that gender-affirming treatment reduces mental health concerns (Mueller, 2020), appropriate mental health support during this journey is important. Whether this is available in the RoI is questioned. A review of research in RoI highlights that mental health professionals often lack specific training, are hard to access and costly and are not well prepared to work in partnership with transgender people (Collins and Sheehan, 2004; Higgins *et al.*, 2011; Mullen and Moane, 2013; McCann, 2015; TENI, 2017; Hodgins *et al.*, 2020). Recent developments, notably the introduction of same-sex

marriage, overwhelmingly supported by a referendum, and legislation around gender diversity, are indicative of progress in Irish society. However, it is not clear to what extent this affects daily life, mental health and health care of this group.

This paper addresses in concise fashion how transgender people themselves viewed factors impacting their mental health, the supports received and social inclusion and is based on further qualitative analysis of data from a larger study focused on all lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) communities in Ireland (the LGBTIreland study) (Higgins *et al.*, 2016; de Vries *et al.*, 2022). The overall project was instigated in response to concerns raised within these communities and in past research (Mayock *et al.*, 2009; TENI, 2017). The specific analysis of responses from transgender participants was motivated by the dearth in efforts in the RoI to give a voice to this group.

Method

Procedure

Ten qualitative questions were embedded in an online survey (SurveyMonkey Inc.) to explore mental health determinants and mental health-care experiences of the LGBTQI+ communities (see Table 2).

Participants

Recruitment took place with the assistance of local and national social, health, youth and LGBTQI+ organisations who promoted the study through posters, radio, websites, social media and events. Any person who identified as LGBTQI+, was 14 years of age or over and living in the ROI was eligible to participate.

Analysis

Data were first extracted and reviewed, which showed that considerable overlap occurred in the responses to the ten questions. Consequently, a combined thematic analysis in NVivo (QSR International Pty Ltd, 2020) was performed. Braun and Clarke's (2006) six steps were used: familiarizing, creating codes, comparing codes and findings, reviewing and naming themes and reporting the findings. The analysis was completed by two researchers to minimize interpretative bias and possible preconceptions were "bracketed" (Tufford and Newman, 2012). A mix of cisgender and LGBTQI+ members included in the research team helped ensure balanced reporting, with emphasis on the voices of the participants. Moreover, theoretical bias was prevented from dominating because of the multi-disciplinary composition of the team (social sciences, mental health and nursing).

Ethical considerations

Ethical approval was received from the Trinity College Dublin Faculty of Health Research Ethics Committee. Participating in the survey included informed consent. The requirement for parental consent for those aged under 18 years was waived to include adolescents who might not have disclosed their identity to parents/guardians. The survey was anonymous, and data handling was in compliance with General Data Protection Regulation, the Helsinki Agreement (World Medical Association, 2013) and the Data Protection (Amendment) Act 2003. Quotes included in this publication have been anonymized where necessary.

Results

Demographics

Demographics of the 279 participants who identified as transgender show that about half of the participants were 25 years or younger. A majority reported no religion. The educational level varied. Most lived in an urban or a suburban area. A majority lived together with parents or others. Over a third of participants were still in education, whereas nearly a third of the

sample were unemployed. A minority reported having a relationship with a partner, and most did not have children. Those who were "out" to everyone formed a minority, but most were living in their desired gender full-time or part-time. Although all participants identified as transgender, many also used additional terms to describe their gender identity (see Table 1).

Response to the questions

Most responses (see Table 2) were received in answer to question 3 (232 (83%), whereas 186 (66%) answered question 8 and 160 (57%) responded to question 2. The response rate for other questions was lower, but sizeable enough to justify analysis. Responses varied in length, often appearing well considered, suggesting a genuine effort to inform the research.

Thematic analysis outcomes

Following a process of amalgamating related aspects, six overarching themes were identified (Table 3). The overview presented here is representative of the content and mood of the responses. Quotes are followed by participant number, gender identifier provided by participant in addition to identifying as transgender, age and question number.

Impact of transgender stigma (theme 1).

First and foremost, participants emphasised that they were living in a society that was still considered ill disposed towards transgender people. Stigma and fear for one's physical and psychological safety was expressed in many responses:

Table 1 Demographics of those who identified with a transgender identity ($n = 279$)

Variable	*Values* (n)	*Variable*	*Values* (n)
Age (5 groups)	14–18 (73)	Being 'Out': Told People	No one (120)
	19–25 (77)		Some (50)
	26–35 years (43)		All (45)
	36–45 years (32)	Living in desired gender	No (51)
	45+ years (29)		Part-time (85)
Religious affiliation	Roman Catholic (44)		Full-time (112)
	Church of Ireland (8)	Described gender identity as	Transgender only (70)
	No religion (171)		Male (39)
	Other (33)		Female (41)
Education completed	Primary school (13)		Male with trans history (23)[a]
	Secondary lower level (62)		Female with trans history (16)[b]
	Secondary upper level (94)		Intersex (7)[c]
	Third level (79)		Other (83)
Living area	Urban/suburban (222)	Sexual Orientation	Lesbian (42)
	Rural (34)		Gay (34)
Living arrangement	Alone (46)		Bisexual (47)
	With parents (112)		Queer (45)
	Together with others (98)		Heterosexual (25)
Employment status	Employed (80)		Asexual (8)
	Not employed (68)		Questioning (20)
	Student/pupil (108)		Pansexual (23)
Relationship status	No partner (160)		Other (12)
	Yes partner (95)		
Children	No (214)		
	Yes (41)		

Notes: [a]Male with a trans history: a person who identifies as male at present, transitioned from a female identity. [b]Female with a trans history: a person who identifies as female at present, transitioned from a male identity. [c]People with intersex condition are born with sex characteristics (chromosomes, genitals and/or hormonal structure) that are not strictly male or female and could represent both simultaneously. While 45 participants from the overall LGBTI group identified as Intersex, within the transgender group this was reduced to only 7

Table 2 Thematic analysis open questions

Question	n	*Main themes*
1) What are the barriers to accessing Mental Health Services?	46	mistrust, education about transgender needed in Mental Health Service, cost
2) What ONE thing would you do to improve mental health services in Ireland for LGBTI people?	160	education about transgender needed, LGBT friendly counsellors, awareness
3) What helped you coming out to people as LGBTI? What would make it easier to come out?	232	having educated others, social and peer support, self-acceptance
4) If you have not told anyone you are LGBTI, what are some of the reasons for not telling?	8	fear, stigma
5) What would be the ONE thing you would do to improve your school the most for LGBTI students?	115	improve belonging, education on trans-gender needed, reduce stigma & bullying
6) What would be the ONE thing you would do to improve your college or university the most for LGBTI students?	91	educating staff/students about transgender, more support for LGBTI, climate better than secondary school
7) What would be the ONE thing you would do to improve your workplace the most for LGBTI staff?	86	no need for improvement, need for education, transgender friendly bathrooms
8) What ONE thing would help you feel safer as an LGBTI person in Ireland?	186	reduce stigma, need for education population and authorities
9) What makes you happy or proud about being LGBTI?	145	peer/partner support, self-acceptance, progress in Ireland
10) Do you have any other comments?	71	fear, stigma, progress in Ireland, inner turmoil, questioning survey

Table 3 Overarching themes

Theme no.	*Overarching themes*
1	Impact of transgender stigma
2	Deficiencies in mental health services
3	Need for education on transgender identity
4	Importance of peer support
5	Achieving self-acceptance
6	Societal inclusion questioned

> I just want to be able to walk down the street with a future partner without being verbally/psychically abused. (#367, non-binary, 16, q 8)

A lot of participants highlighted that they desired being better protected. This participant mentions both the need for physical defences and how reduction in stigmatisation can improve a sense of safety:

> A massive guard dog; Not even kidding. Alternatively, increase in awareness and education of trans identities, [.] to normalize us in the eyes of others. (#94, non-binary, 25, q8)

While workplaces and universities received both positive and negative commentary, secondary school was singled out for criticism in failing to generate an inclusive school culture:

> Awareness that we exist. There isn't one "fully" out person in 700 pupils. Our teachers don't cover LGBT topics because they [.] are embarrassed to acknowledge that we exist. (#357, demigirl questioning, 17, q5)

> My school goes around parading mental health awareness campaigns and fundraisers all the time, meanwhile it is literally the worst environment for LGBT people [.] I was severely suicidal while the school held fundraisers for suicide prevention, but there was no one there to help me. (#375, transgender, 17, q10)

Feeling unsafe was also expressed in relation to personal contacts, friends and family, although the emphasis here was mostly on feeling mentally unsafe or unsupported:

> I just wish I could disclose what I think my sexual orientation actually is, but I fear that my authentic gender identity will be rendered invalid by others in my life. (#1192, male, 26, q10)

Deficiencies in mental health services (theme 2).

Participants found mental health services and professionals not well prepared to work with transgender people and sometimes biased against them. This was considered the most significant obstacle to seeking help. In addition, costs, waiting lists, lack of availability in rural areas and parents who did not support help seeking were mentioned:

> Most mental health providers are extremely uninformed about trans people. This can make it difficult not only to access mental health support for transitioning but makes it extremely challenging to get quality care for mental health co-morbidities, because the provider can't see past the trans issue. (#1019, male with trans history, 47, q2)

> Services are not adequately trained in LGBTI issues and culture. I spent half my time explaining the basics of being queer in Ireland. (#2203, transgender, 20, q1)

Some of the participants expressed outrage at the way in which they were addressed by therapists.

I was asked to read the bible by a therapist. (#1169, female with a trans history, 35, q1)

And while it was often left implicit, poor experiences with therapists may have discouraged to further seek access to mental health support:

> Meeting a few poor counsellors can have a bad effect on someone's willingness to continue seeking help. (#1913, non-binary, 32, q1)

The depth of frustration with the obstacles to seek appropriate support for gender affirmation or reassignment came through in suggestions made for improvement:

> Streamlining the extremely aggravating process of getting treatment. [.] Not wasting two years for so-called experts to make judgements on a scant hour-long meeting, only prolonging things needlessly. (#96, transwoman, 24, q2)

> Remove the requirement that we be evaluated and found "sane" before we can access medical transition services. Trust that trans people know what we're about. [.] Not being able to access transition services is soul-destroying. (#94, non-binary, 25, q2)

Need for education on transgender identity (theme 3).

Participants were proposing education and training not only for therapists but also for the general population, schools and for whoever encounters transgender identity individuals:

> People of authority having little knowledge [. . .] on LGBTI topics. It makes them hard to talk to [.] which as a whole makes me feel unsafe. (#328, male, 15, q8)

> More training also for the Gardaí [police service in Ireland] on LGBTI issues. They have zero tolerance for difference. (#452, female, 30, q8)

Participants also mentioned that as part of coming out, they had to be self-reliant and would have desired for their friends and family to be better educated about transgender identity:

> Knowing who I am and making sure to be myself no matter what, helped me to come out and if my family had more information about LGBTI subjects, it would have been easier. (#1023, male with trans history, 24, q3)

The role of the media in providing this education was highlighted by quite a few participants:

> Having trans people on tv helps educate people and seeing how my family reacted to a transgender documentary helped me come out. (#944, female to male, 23, q3)

Importance of peer support (theme 4).

Support from peers was frequently mentioned as essential in "coming out" and maintaining mental health. Support organisations were mentioned on more than one occasion:

> Meeting other trans and lesbian women. Also finding the organization BelongTo [LGBT young people's organisation, www.belongto.org/]. (#241, female with trans history, 19, q3)

Some nationwide organisations were mentioned, but most third level colleges have their own societies that provide meaningful support:

> Joining the LGBTQCISAP society in my university helped. Having an information leaflet to give to people instead of having to explain the entire concept of transgender myself, helped. Society without gender binaries would.

These organisations were mentioned to provide assistance in a number of ways, including providing help for their members in "coming out":

> Coming Out workshops were useful. (#1614, male, 23, q3)

While such workshops were mentioned, most of the support highlighted was of an informal kind. In essence, the organisations opened avenues for developing friendships, often to compensate for a lack thereof within the participants' families and schools:

> The support by fellow LGBTQI was great. Meeting people, getting involved and knowing that I have my chosen family to go to if my birth family do not accept me. (#1345, male to female, 17, q3)

> the friendships I made with similar minded people have made a big difference and improved my confidence, before coming out I was very shy and reserved and suffered greatly from panic attacks. Also knowing that my life is just as important as say heterosexual people has made me stronger mentally and not being treated as a third class citizen in a two class society has helped too.

Achieving self-acceptance (theme 5).

The importance of working towards self-acceptance was mentioned by several participants. Many described their inner turmoil. This was particularly prominent in participants in their teens for whom the process of self-acceptance was in its early stages:

> I feel too scared to join a support group, because I worry that I'm not trans enough. I wish I'd been born a woman, but the consequences of transitioning seem so much worse than the discomfort I feel living in the wrong body. I wish I wanted to transition. How I am now is just confusing. (#2195, male with desire to transition, 18, q10)

Other participants made it clear that they had to come to terms not only with their gender identity but also their sexual orientation:

> Everyone has a gender identity and everyone has a sexual orientation. You need to accept both. How our mental health is shaped is related to the interconnectedness of these identities. (#2205, male transgender, 51, q10)

The need for exploration and effort in achieving acceptance was also highlighted. The following is an example in which again both gender identity and sexuality are mentioned:

> I wish I had come to terms with my sexuality at a much younger age as I only really accepted I was bi AFTER I was in a relationship with my now-husband. I think would feel more comfortable with my identity if I had actually explored that side of myself while I was single. (But I don't think my mental health problems have anything much to do with my orientation. I am a bit of a mess for many other reasons.)

The final quote under this theme illustrates the vantage point of someone who managed to overcome obstacles and achieved a degree of self-acceptance, which she describes as a sense of "inner peace":

> Coming to terms with being trans has [.] granted me a great deal of inner peace which has done nothing but improve my overall mental health. While the road to getting treatment was extremely frustrating, now that I am on treatment I'm optimistic of my personal growth going forward, both physically and mentally. (#96, transwoman between stages, 24, q9)

Societal inclusion questioned (theme 6).

Overall, cautious signals were given that progress in RoI was noted, in terms of social and cultural climate and also in legal terms. Nonetheless, the need for more legal changes was highlighted by many participants:

> Laws that give trans people rights and that protect them and the right to express their gender identity. (#1209, male, 48, q9)

Some participants were unsure whether a mentality change can be expected to take place as quickly as hoped for. They expected that more time would be needed:

> Not sure, but with more time it will become more and more acceptable within society and with that I hope I will not even have to think about my safety. (#525, female transgender, 32, q9)

On the positive side, the gradual appearance of gender-neutral bathrooms was mentioned as a sign of a change in mentality. While some complained that there was not enough of it yet, others applauded progress:

> My workplace is very good, for instance we have gender-neutral bathrooms, which I think is primarily due to the strong and unequivocal leadership shown by senior management on the issue, who really have their hearts in it - fair, decent and inclusive treatment for all staff. (#1019, male-to-female, 41, q7)

Furthermore, the presence of transgender people in the media, already mentioned as educational under theme 3, was considered helpful as a way of normalising transgender identity and a sign of progress:

> Positive LGBTI representation in the media are more common these days, such as Laverne Cox's transgender character in the series Orange Is The New Black. (#2196, female, 22, q3)

But while acceptance of gay and lesbian sexual orientation has improved noticeably in recent years, a few participants were of the view that this does not necessarily extend to the transgender identity:

> I am glad that Irish society is now more open to LGBTI people[.], but while I find it very easy to tell people I am gay; it's much harder to tell them of my trans history. [.] I think it would be easier to come out as trans if more positive narratives of trans people, and the very normal lives we lead, were in the public domain. (#668, female, 34, q10)

Discussion

The findings of the study confirm the issues reported by transgender people internationally (Aylagas-Crespillo *et al.*, 2018; Pinna *et al.*, 2022) and in other Irish studies (Collins and Sheehan, 2004; Higgins *et al.*, 2011; Mullen and Moane, 2013; McCann, 2015; TENI, 2017;

Hodgins *et al.*, 2020). Irish society is becoming more inclusive and more accepting of diversity, but the transgender people in our study identified limitations to this. This put pressure on their mental health, especially in secondary school. In addition, mental health care was criticised in terms of access difficulties, high cost and limited quality. Moreover, our findings confirm what has been shown elsewhere, that uninformed practitioners, and a lack of cultural humility can lead to insensitive care (Shipherd *et al.*, 2010; Mizock and Lundquist, 2016). Our findings also confirm what an extensive American study found a decade ago, that the burden of educating practitioners often falls on transgender people themselves (Grant *et al.*, 2011).

Implications

The traditional discourse that views gender only in binary terms and the application of ambiguous diagnostic criteria such as in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition may be part of the problem (Cohen-Kettenis and Pfäfflin, 2010; Coleman, 2017). It is evident that participants hoped for more advanced standards of mental health support for transgender people, such as outlined by the World Professional Association of Transgender Health (WPATH), to be put into practice in Ireland. WPATHs most recent update (version 8) (Coleman *et al.*, 2022) advocates a more flexible approach to care and support, taking into account the diversity of identities and a move away from pathologising gender diversity. In particular, the requirement of a psychiatric diagnosis of "gender dysphoria" (unease resulting from a mismatch between biological gender and felt gender identity) to receive gender affirmation treatment is contentious. Considering the rise in people who identify as transgender in Ireland (Chevallier *et al.*, 2019) and the increased diversity in how they experience this, it is imperative to develop more informed support and customised treatment options, to avoid adding to the distress of this group.

A further implication of our findings is, as the participants suggest, that more needs to be done in the RoI to provide education on gender identities. This should initially take place in schools but also be aimed at relevant professionals and the general public. Best practice principles need to be implemented and educational initiatives need to be co-produced and co-delivered by the transgender community (Higgins *et al.*, 2019; Coleman *et al.*, 2022) to be effective.

Strengths and limitations

The main strength of the study is the size of the sample of transgender participants, which is the largest to date in Ireland. However, as always with voluntary participation, it cannot be ascertained whether such a sample would be representative of the relevant population, which is estimated (conservatively) at 3,000 in RoI (Chevallier *et al.*, 2019). Efforts to recruit young participants have led to a possible over-representation in this study. Finally, our data did not allow us to make comparisons based on the extent of engagement with gender affirmation treatment. This is being altered in current LGBTQI+ research in RoI.

Conclusions

This study provides a strong reminder that transgender people continue to experience the impact of transgender stigma, particularly in schools, and deficient mental health supports. Participants suggested explicitly that Irish mental health professionals and society in general need to be better educated about transgender identities.

References

Aylagas-Crespillo, M., García-Barbero, Ó. and Rodríguez-Martín, B. (2018), "Barriers in the social and healthcare assistance for transgender persons: a systematic review of qualitative studies", *Enfermería Clínica (English Edition)*, Vol. 28 No. 4, pp. 247-259, doi: 10.1016/j.enfcli.2017.09.004.

Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology", *Qualitative Research in Psychology*, Vol. 3 No. 2, pp. 77-101, doi: 10.1191/1478088706qp063oa.

Chevallier, C., Murphy, S. and Buggy, C. (2019), "Understanding the Lived Experiences of Gender Minority Students in Irish Third-Level Education (Report)", Trinity College Dublin, Ireland, available at: www.tara.tcd.ie/handle/2262/89697

Cohen-Kettenis, P.T. and Pfäfflin, F. (2010), "The DSM diagnostic criteria for gender identity disorder in adolescents and adults", *Archives of Sexual Behavior*, Vol. 39 No. 2, pp. 499-513, doi: 10.1007/s10508-009-9562-y.

Coleman, E. (2017), "Standards of care for the health of transsexual, transgender, and gender-nonconforming people: an introduction", in Legato, M. (Ed.), *Principles of Gender-Specific Medicine (pp. Gender in the Genomic Era: Third Edition*, Elsevier, Minneapolis, MN, pp. 69-75, doi: 10.1016/B978-0-12-803506-1.00058-9.

Coleman, E., Radix, A.E., Bouman, W.P., Brown, G.R., De Vries, A.L.C., Deutsch, M.B., Ettner, R., Fraser, L., Goodman, M., Green, J. and Hancock, A.B. (2022), "Standards of care for the health of transgender and gender diverse people, version 8", *International Journal of Transgender Health*, Vol. 23, No. 1, pp. S1-S259, available at: www.wpath.org/publications/soc

Collins, E. and Sheehan, B. (2004), *Access to Health Services for Transsexual People*, Equality Authority, Dublin, available at: www.lenus.ie/bitstream/handle/10147/44869/6529.pdf?sequence=1&isAllowed=y

de Vries, J.M., Downes, C., Sharek, D., Doyle, L., Murphy, R., Begley, T., McCann, E., Sheerin, F., Smyth, S. and Higgins, A. (2022), "An exploration of mental distress in transgender people in Ireland with reference to minority stress and dissonance theory", *International Journal of Transgender Health*, pp. 1-18, doi: 10.1080/26895269.2022.2105772.

Grant, J.M., Mottet, L.A., Tanis, J.J. and Min, D. (2011), "Transgender Discrimination Survey", National Center for Transgender Equality and National Gay and Lesbian Task Force, Washington, DC, available at: www.thetaskforce.org/wp-content/uploads/2019/07/ntds_full.pdf

Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., Sheerin, F., Smyth, S. and McCann, E. (2016), "The LGBT Ireland report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland", Trinity College Dublin, Dublin, Ireland, available at: https://openaccess.city.ac.uk/id/eprint/28636/1/

Higgins, A., Keogh, B., Bus, E., Connell, S., Hafford-Letchfield, T., Jurcek, A., Pezzella, A., Rabelink, I., Robotham, G., Urek, M. and Van der Vaart, N. (2019), "Best practice principles on developing LGBT cultural competence in health and social care education, being me project team, available at: https://beingme.eu/public/application/downloads/resources/being-me-best-practice-principles-20200622.pdf

Higgins, A., Sharek, D., McCann, E., Sheerin, F., Glacken, M., Breen, M. and McCarron, M. (2011), "Visible lives: identifying the experiences and needs of older lesbian, gay bisexual and transgender people in Ireland", Gay and Lesbian Equality Network (GLEN), Dublin, Ireland, available at: www.tara.tcd.ie/bitstream/handle/2262/73188/Visible%20Lives%20-%20Main%20Report%20Nov%202011%20FINAL.pdf?sequence=1&isAllowed=y

Hodgins, S., Byrne, T., Spies, M. and Madigan, K. (2020), "Knowledge and confidence of clinicians in Irish CAMHS when working with transgender youth; and the factors clinicians report will assist them in this work", *Irish Journal of Psychological Medicine*, pp. 1-10, doi: 10.1017/ipm.2020.24.

Judge, C., O'Donovan, C., Callaghan, G., Gaoatswe, G. and O'Shea, D. (2014), "Gender dysphoria–prevalence and co-morbidities in an Irish adult population", *Frontiers in Endocrinology*, Vol. 5, p. 87, available at: www.frontiersin.org/articles/10.3389/fendo.2014.00087/full

McCann, E. (2015), "People who are transgender: mental health concerns", *Journal of Psychiatric and Mental Health Nursing*, Vol. 22 No. 1, pp. 76-81, doi: 10.1111/jpm.12190.

McNeil, J., Bailey, L., Ellis, S. and Regan, M. (2013), "Speaking from the margins: trans mental health and wellbeing in Ireland", Transgender Equality Network Ireland (TENI), Dublin, Ireland, available at: https://pure.hud.ac.uk/en/publications/speaking-from-the-margins-trans-mental-health-and-wellbeing-in-ir

Mayock, P., Bryan, A., Carr, N. and Kitching, K. (2009), "Supporting LGBT lives: a study of the mental health and well-being of lesbian, gay, bisexual and transgender people", Gay and Lesbian Equality Network (GLEN), Dublin, Ireland, available at: https://itgl.lu/wp-content/uploads/2015/04/SB-2008-1.pdf

Meyer, I.H. (2003), "Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence", *Psychological Bulletin*, Vol. 129 No. 5, pp. 674-697, doi: 10.1037/0033-2909.129.5.674.

Mizock, L. and Lundquist, C. (2016), "Missteps in psychotherapy with transgender clients: promoting gender sensitivity in counseling and psychological practice", *Psychology of Sexual Orientation and Gender Diversity*, Vol. 3 No. 2, p. 148, doi: 10.1037/sgd0000177.

Mueller, S.C. (2020), "Mental health treatment utilization in transgender persons: what we know and what we don't know", *American Journal of Psychiatry*, Vol. 177 No. 8, pp. 657-659, doi: 10.1176/appi.ajp.2019.19111151.

Mullen, G. and Moane, G. (2013), "A qualitative exploration of transgender identity affirmation at the personal, interpersonal, and sociocultural levels", *International Journal of Transgenderism, Vol*, Vol. 14 No. 3, pp. 140-154, doi: 10.1080/15532739.2013.824847.

Pinna, F., Paribello, P., Somaini, G., Corona, A., Ventriglio, A., Corrias, C., Frau, I., Murgia, R., El Kacemi, S., Galeazzi, G.M. and Mirandola, M. (2022), "Mental health in transgender individuals: a systematic review", *International Review of Psychiatry*, Vol. 34 Nos 3/4, pp. 292-359, doi: 10.1080/09540261.2022.2093629.

QSR International Pty Ltd (2020), "NVivo (released in March 2020)", available at: www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

Shipherd, J.C., Green, K.E. and Abramovitz, S. (2010), "Transgender clients: identifying and minimizing barriers to mental health treatment", *Journal of Gay & Lesbian Mental Health*, Vol. 14 No. 2, pp. 94-108, doi: 10.1080/19359701003622875.

Transgender Equality Network Ireland (2017), "STAD: Stop transphobia and discrimination Report: 2014-2016", Transgender Equality Network Ireland (TENI), Dublin, Ireland, available at: https://teni.ie/wp-content/uploads/2020/02/2014-2016-STAD-Report-1.pdf

Tufford, L. and Newman, P. (2012), "Bracketing in qualitative research", *Qualitative Social Work*, Vol. 11 No. 1, pp. 80-96, doi: 10.1177/1473325010368316.

World Medical Association (2013), "World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects", *Jama*, Vol. 310 No. 20, pp. 2191-2194, doi: 10.1001/jama.2013.281053.

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